

**STANDARD AGREEMENT AMENDMENT**

STD. 213 A (Rev 6/03)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED \_\_\_\_\_ Pages

AGREEMENT NUMBER

**S0750002**

AMENDMENT NUMBER

**2**

REGISTRATION NUMBER

*EP1078625*

1. This Agreement is entered into between the State Agency and Contractor named below:  
STATE AGENCY'S NAME  
Department of Personnel Administration  
CONTRACTOR'S NAME  
Alere Toxicology Services
2. The term of this Agreement is September 1, 2007 through June 30, 2011
3. The maximum amount of this Agreement after this amendment is: \$ 3,093,000.00  
Three million ninety-three thousand dollars and zero cents
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

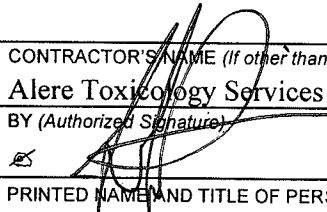
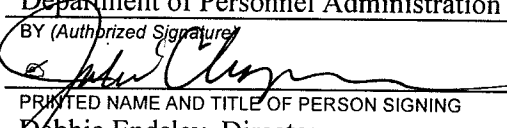
Agreement Number S0750002 effective September 1, 2007, and amended effective July 1, 2009, is hereby further amended to extend the contract period and augment funds for continuation of services.

The term of this Agreement shall be September 1, 2007 through June 30, 2011 and shall not exceed \$3,093,000.00.

Contractor has changed names; all references to Kroll Laboratory Specialists and/or Contractor shall hereby be applied to Alere Toxicology Services.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only   <div style="font-size: 1.2em; font-weight: bold; text-align: center;">EXEMPT FROM DGS REVIEW/APPROVAL PCC 10295 (C) (4)</div> <div style="margin-top: 20px;"> <input checked="" type="checkbox"/> Exempt per: PCC 10295 Health and Safety </div>
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)		
<u>Alere Toxicology Services</u>		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
	<u>4-30-10</u>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
<u>John Peterson, President</u>		
ADDRESS		
<u>1111 Newton Street</u> <u>Gretna, LA 70053</u>		
STATE OF CALIFORNIA		
AGENCY NAME		
<u>Department of Personnel Administration</u>		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
	<u>5/25/2010</u>	
PRINTED NAME AND TITLE OF PERSON SIGNING		
<u>Debbie Endsley, Director</u>		
ADDRESS		
<u>1515 Street, North Building, Suite 400, Sacramento, CA 95811</u>		